Catalog#: 09235

Catalog#: U9233 SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION P.O. Box 995

COLUMBIA, SOUTH CAROLINA 29202 TELEPHONE (803) 737–3075 FAX (803) 737–2547

EMPLOYER STATUS REPORT TO DETERMINE LIABILITY UNDER THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW

ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL

	DO NOT WRITE	IN THIS SPAC	Ξ
CCOUNT NUMBER			
LB.	L.E.	C.H.	LA.
Area	RATE	IND.	OWNER
BÝ	DATE	PAREN	NUMBER

PLEASE TYPE OK PRINT, RETURN WIT										
COMPLETE BOTH SIDES OF THIS APPLICATION	N			PLEASE PRINT OR TYPE ALL INFORMATION 2. TRADE NAME (DOING BUSINESS AS)						
1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME				2. TRAI	As)					
3. Physical Location of Business Required (No P.O. E	lox)			4. Busi	NESS PHONE NUMBER	DAY TIME PHONE NUMBER				
STREET	and by a figure of the second			5. FEDE	RAL IDENTIFICATION NUMBER					
City County (Required)	STATE		ZIP	7. Type	OF BUSINESS					
6. MAILING ADDRESS (FOR ALL CORRESPONDENCE)					CULTURE, FORESTRY, FISHING INTING (11)	 □ Professional, Scientific, & Technical Services (54) □ Management of Companies 				
IN CARE OF						& Enterprises (55) Administrative and Support, Waste Management & Remediation Services (56)				
STREET				☐ WHO	NESALE TRADE (41-43) TRADE (44-46)	☐ EDUCATION SERVICES (61) ☐ HEALTH CARE AND SOCIAL ASSISTANCE (62)				
CITY COUNTY (REQUIRED)	STATE		ZiP		SPORTATION AREHOUSING (48-49)	ARTS, ENTERTAINMENT, & RECREATION (71) ACCOMMODATION & FOOD SERVICES (72)				
9. LOCATION OF RECORDS (NO P.O. BOX)				☐ INFOR	mation (51) ICE & Insurance (52) Estate, Rental & Leasing (53)	☐ OTHER SERVICES (81) ☐ PUBLIC ADMINISTRATION (91-93)				
10. TYPE OF OWNERSHIP				8 MAI	N BUSINESS (I.E., RETAIL FUR	ENITURE SALES)				
☐ SOLE PROPRIETOR (ONE OWNER) ☐ PARTNE	RSHIP (TWO OR MORE O	WNERS)			or manufact frame to an					
□ LLC/LLP □ SC Co	RPORATION DATE INC.		•	8a. C+	ECK IF YOU SELL THESE PRO	DDUCTS (FOR SOUD WASTE PURPOSES)				
Foreign Corporation (attach copy of articles of				ر ا	MOTOR OIL 🔲 LEAD ACID B	ATTERIES TIRES LARGE APPLIANCES				
				8b. Do	YOU SELL AVIATION GASON	LINE? YES NO				
Unincorporated Association; Enter Legal Name_				8c. Do	YOU PROVIDE SERVICE TO	CELLULAR AND PERSONAL				
OTHER (EXPLAIN)				1	MMUNICATIONS USERS?	☐ YES ☐ NO				
11 November Over Course Course	urns on Orrigans				<u> </u>					
11. NAME(S) OF BUSINESS OWNER, GENERAL PARTI		-20			HOME ADDRESS	IF PARTNER				
SOCIAL SECURITY NUMBER NAME/TITE	E/GENERAL PARTNE	:RS			HOWE ADDRESS	IF PARTNER PERCENT OWNED				
						:				
						**				
ARE YOU A SC RESIDENT? (Y/N)		How Lo	ONG HAVE			(YEARS, MONTHS)				
12. Have You:		□ Vec	□ No	D.	FORMER OWNER'S S.C.E.	S.C. ACCOUNT NUMBER:				
A. ACQUIRED ANOTHER BUSINESS? MERGED WITH ANOTHER BUSINESS?		YES YES								
FORMED A CORPORATION OR PARTNERSHIP?		☐ YES	□ No		FORMER OWNER'S S.C. TA	AX ACCOUNT NUMBER:				
MADE ANY OTHER CHANGE IN THE OWNERSHIP C	F YOUR BUSINESS?	☐ YES	☐ No							
B. DID YOU ACQUIRE: ALL OF THE SOUTH CAROUR	NA OPERATIONS?			E.	Name Of Business Acqu	JIRED:				
PERCENTAGE ACQUIRED:					. •	ation name including trade name)				
C. Date Acquired Or Changed:		······			ADDRESS OF FORMER OW	NER:				
WAS THE BUSINESS OPERATING AT THE TIME OF ACQUE DATE CLOSED:	JISITION OR CHANGE?	☐ YES	□ No							
DOES THE FORMER OWNER OR LEGAL ENTITY CONTIN	UE TO HAVE EMPLOYEES?	YES	□ No							
13. First Date Of Employment In S.C.	14. ANTICIPATED	DATE OF F	IRST S.C. P.	AYROLL	15. Estimate N	lumber Of Employees In S.C.				
mo/day/year	mo/day/year									
16. IS BUSINESS WITHIN SC MUNICIPAL LIMITS?					BUSINESS SEASONAL?					
YES NO WHICH CITY?				☐ YES	No If YES, LIST MON	ITHS ACTIVE.				

▼ COMPLETE REVERSE SIDE OF THIS FORM ➤

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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UPON COMPLETION OF THIS FORM SIGN, DATE AND MAIL TO:

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION EMPLOYER STATUS UNIT POST OFFICE BOX 995 COLUMBIA, SOUTH CAROLINA 29202